MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

107539812

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS														
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
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PTO - 1360	(REV. 11/04))							U. Pa	S. DEPARTN	IENT of CO! demark Office	MMERCE		